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COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION	
This declaration is of the following type: (check one applicable item below)	
XIX original	
☐ design	
□ supplemental	
NOTE: If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.	
XIX national stage of PCT	
ALLY REUCHAI Stage of 1 Colonia	
☐ divisional	
continuation	
□ continuation-in-part (C-I-P)	
INVENTORSHIP IDENTIFICATION	
WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the expership of all the claims at the time the last claimed invention was made, should be	

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

CURATIVES FOR EPOXY RESIN, CURING ACCELERATOR, AND EXPOY RESIN COMPOSITION

SPECIFICATION IDENTIFICATION

ne spe	cifica	ation of v	/hich: (co	mplete (a)	, (b) or	(c))				
(a) XII (b) [_		d hereto. on			as	s 🗌 Serial N	No. 0 /	'	
	- 0	r 🗆 Exp	ress Mail	No., as S	erial No	. not ye	t known		(if applic	able).
NOTE:	not are am	accorded a those filed andments o	filing date b	y being reier	rea to in a	the east	vith the PTO w tion. According o of a supplem ginal statemen	nental dec	daration, a	e those
	37	CFR 1.67.								of 5

(Declaration and Power of Attorney [1-1]-page

	also driest and a
	XIXI and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent,
	 In compilance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.
	PRIORITY CLAIM (35 U.S.C. § 119)
	I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.
1,2	(complete (d) or (e))
Late had the test of the	 (d) ☐ no such applications have been filed. (e) XEI such applications have been filed as follows. NOTE: Where item (c) is entered above and the international Application which designated the U.S. itself claimed NOTE: priority check item (e), enter the details below and make the priority claim.

amended under PCT Article 19 on _

I acknowledge the duty to disclose information

§ 1.56

(c) \square was described and claimed in PCT International Application No.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

filed on ___

which is material to patentability as defined in 37, Code of Federal Regulations,

(Declaration and Power of Attorney [1-1]-page 2 of 5)

(also check the following items, if desired)

and as

(if any).

A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION TO AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

AN	D ANT PRIORITE					
COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER				PRIORITY CLAIMED UNDER 37 USC 119	
	358518/1996	27	12	96	Ø YES	NO 🗆
Japan	22040/1997	21	01	97	⊠ YES	ио □
Japan	123964/1997	14	05	97	⊠ YES	ио □
Japan	177468/1997	02	07	97	⊠ YES	NO 🗆
Japan	1//400/1997	1			☐ YES	ио □
1						

ALL	FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MON' (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION	THS

NOTE: If the application filed more than 12 months from the filling date of this application is a PCT filling forming the basis for this application entering the United States as (f) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C4-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Joseph C. Mason, Jr. #20,153

Dennis G. LaPointe #40,693

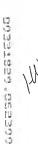
Joseph R. Englander #38,871

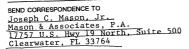
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(check the following item, if applicable)

Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

(Declaration and Power of Attorney [1-1]-page 3 of 5)





documents.

Post Office Address _

DIRECT TELEPHONE CALLS TO: (Name and telephone number)

Joseph C. Mason, Jr. (727) 538-3800

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S) NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other

Full name of sole or first inventor	SUZUKI_
(GIVEN NAME)	FAMILY (OR LAST NAME)
Inventor's signature Appli Country of Citizens Pasidence 1-504 Neostage-Oyumino 281-3	hip <u>Japan</u> Ariyoshi-cho Midori-k
Post Office Address Chiba 266-0012 JAPAN	Jr A
Post Office Address Same as abov	e
Full name of second joint inventor, if any	ABE
(GIVEN NAME) (MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature Jajora Abe Date June 9 / 299 Country of Citizens	shin Japan
Pate June 9 / / 9 9 Country of Citizens Residence 2-4 Yushudaihigashi Ichihara	Chiba 299-0124 JAPAN
Residence 2-4 Tushudarnizasasabove	JR.

ZW

(Declaration and Power of Attorney [1-1]-page 4 of 5)

d joint inventor, if any	
(MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)	
MTDORI AOKI	53 v
eased on January 7, 1999 By:Mrs.Midori AOKI Widow a	Representative
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(Declaration and Power of Attorney [1-1]—page	5 or 5)
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ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON BEHALF OF DECEASED OR INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)

Midori AOKI
the as point name(s) of administrator(trix), executor(trix), legal representative
nereby declare that I am a citizen of JAPAN 1248 4 Goi Ichihara-shi Chiba 290-0056 JAPAN
ereby declare that I am a citizen of
estoling at
and that I am executing and signing the declaration to which this is attached as
(check one):
the administrator(trix) of
executor(trix) of the last will and testament of
XX legal representative (or heirs) of
Izuo AOKI
Full name of (first, second etc.) deceased or incapacitated Inventor JAPAN
The standard of deceased or incapacitated inventor
1348-4 Goi Ichihara-shi Chiba 290-0056 JAPAN
Residence of deceased or incapacitated inventor
Post Office Address of deceased or incapacitated inventor
Same as above
NOTE: The name of the first, second etc. decassed or incupacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "decassed-completed on added page" or "incapacitated-completed on added page."
That, upon information and belief, I aver those facts that the inventor is required to state
Date: June, 9, 1999 MIDORI AOKI
Signature of administrator(trix), executor(trix) legal representative (or all heirs)

- NOTE: Proof of authority of the administrator(trix), executor(trix) or legal representative must be recorded in the PTO or filed in the application before the grant of the patent. 37 CFR 1.44.
- NOTE: Application may be made by the heirs of the inventor if a cartificate of the court will establish that they are all the heirs and the estate was not required to appoint an administrator. If the heirs are signing add lines for all the heirs to sign. MPEP § 409.01(a), 6th ed., rev. 9.
- (Added Page to Combined Declaration and Power of Attorney for Signing by Administrator(tivi), Executor(trix) or Logal Representative on Behalf of Decessed or Incapacitated Inventor (37 CFR 1.42 and 1.43) [1-3])